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REISSUE PATENT APPLICATION TRANSMITTAL

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| Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Attorney Docket No.</td> <td>2751.2000</td> </tr> <tr> <td>First Named Inventor</td> <td>Christopher J. Nage</td> </tr> <tr> <td>Original Patent Number</td> <td>6,258,988 B1</td> </tr> <tr> <td>Original Patent Issue Date (Month/Day/Year)</td> <td>July 10, 2001</td> </tr> <tr> <td>Express Mail Label No.</td> <td>ER 142990238 US</td> </tr> </table> | Attorney Docket No. | 2751.2000 | First Named Inventor | Christopher J. Nage | Original Patent Number | 6,258,988 B1 | Original Patent Issue Date (Month/Day/Year) | July 10, 2001 | Express Mail Label No. | ER 142990238 US |
| Attorney Docket No. | 2751.2000 | | | | | | | | | | |
| First Named Inventor | Christopher J. Nage | | | | | | | | | | |
| Original Patent Number | 6,258,988 B1 | | | | | | | | | | |
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| Express Mail Label No. | ER 142990238 US | | | | | | | | | | |
| APPLICATION FOR REISSUE OF: <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent (Check applicable box) | | | | | | | | | | | |
| APPLICATION ELEMENTS (37 CFR 1.173) <ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate) 4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate) 5. <input type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. 1.175) (PTO/SB/51 or 52) 6. <input type="checkbox"/> Power of Attorney 7. <input checked="" type="checkbox"/> Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <div style="margin-left: 20px;"> <input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement (PTO/SB/96) </div> 8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table 9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) <div style="margin-left: 20px;"> a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: <div style="margin-left: 20px;"> i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii. <input type="checkbox"/> paper </div> c. <input type="checkbox"/> Statements verifying identity of above copies </div> | ACCOMPANYING APPLICATION PARTS <ol style="list-style-type: none"> 10. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173(c). 11. <input type="checkbox"/> Original Patent Grant <div style="margin-left: 20px;"> <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55) </div> 12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable) 13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable) 15. <input type="checkbox"/> Preliminary Amendment 16. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 17. Other: <u>This reissue is a</u> <u>broadening reissue</u> | | | | | | | | | | |
| 18. CORRESPONDENCE ADDRESS | | | | | | | | | | | |
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| Name (Print/Type) | Carolyn S. Elmore | | | | | | | | | | |
| Registration No. (Attorney/Agent) | 37,567 | | | | | | | | | | |
| Signature | <i>Carolyn S. Elmore</i> Date July 10, 2003 | | | | | | | | | | |


This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| REISSUE APPLICATION FEE TRANSMITTAL FORM | | | | | | Docket Number (Optional) 2751.3000 | | |
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| Claims as Filed – Part 1 | | | | | | | | |
| Claims in Patent | Total Claims (37 CFR 1.16(j)) Independent claims (37 CFR 1.16(i)) | Number Filed in Reissue Application | (3) Number Extra | Small Entity | | Other than a Small Entity | | |
| | | | | Rate | Fee | Rate | Fee | |
| (A) 17 | | (B) 20 | **** 0 = | x \$ ____ = | 0 | or | x \$ ____ = | |
| (C) 1 | | (D) 2 | * 0 = | x \$ ____ = | 0 | | x \$ ____ = | |
| | | | | Basic Fee (37 CFR 1.16(h)) | | \$ 375 | \$ ____ | |
| | | | | Total Filing Fee | | \$ 375 | OR \$ ____ | |
| Claims as Amended – Part 2 | | | | | | | | |
| | (1) Claims Remaining After Amendment | | (2) Highest Number Previously Paid For | (3) Extra Claims Present | Small Entity | | Other than a Small Entity | |
| | | | | | Rate | Fee | Rate | Fee |
| Total Claims (37 CFR 1.16(j)) | *** | MINUS | ** | * = | x \$ ____ = | | x \$ ____ = | |
| Independent Claims (37 CFR 1.16(i)) | *** | MINUS | ***** | = | x \$ ____ = | | x \$ ____ = | |
| | | | | | Total Additional Fee | \$ | OR \$ | |
| <p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>375.00</u> to cover the filing/additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><u>July 10, 2001</u> Date</p> <p><u>37,567</u> Registration Number, if applicable</p> </div> <div style="width: 45%; text-align: center;"> <p> Signature of Applicant, Attorney or Agent of Record</p> <p><u>Carolyn S. Elmore</u> Typed or printed name</p> </div> </div> | | | | | | | | |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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